

**MICHIGAN DEPARTMENT OF HEALTH &
HUMAN SERVICES**

Michigan Regional Trauma Report

Region 8



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December 2014

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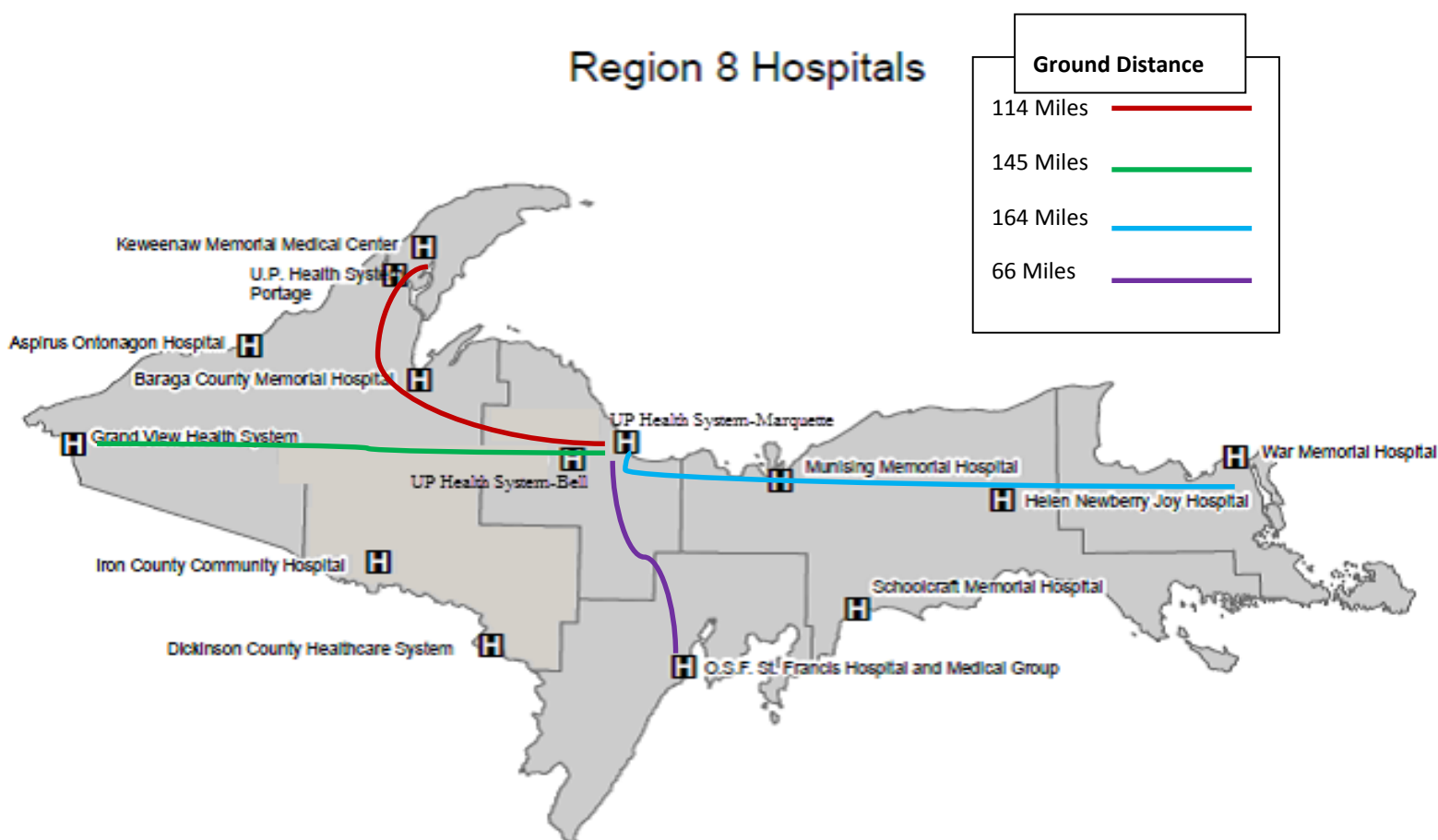
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EXECUTIVE SUMMARY

Region 8, the Upper Peninsula (UP), makes up nearly 1/3 of the total land mass of Michigan, but only 3 percent of total population. Region 8 has a population of 311,361 (an average of just 19 people per square mile). The region is composed of 15 rural counties and is home to five federally recognized tribal nations. There are 14 hospitals within Region 8, including one Level II verified trauma center (UP Health System-Marquette) and one Level III verified trauma center (UP Health System-Portage). Region 8 is mainly a rural and isolated territory with 9 of the 14 hospitals being Critical Access Hospitals (CAH).

Region 8 is comprised of large and small rural areas, as well as isolated areas. There are no urban areas. The two largest rural areas are located in the central (Marquette) and eastern (Sault Ste. Marie) portions of the region.

A distinguishing element of trauma care for Region 8 is the lengthy travel distance to a Level I or a Level II trauma center. The following map demonstrates the extensive travel time for patient transfer. Historically, patients were transferred to higher levels of care by ground transport due to the frequency of inclement weather, and no available air transport. Fortunately, in 2012, an air ambulance became available for patient transport. This growing service includes a helicopter and an airplane, based in Region 8, providing air transport coverage for the entire region. This service will expedite patient transfer and travel time to Level I and Level II trauma centers from the rural and isolated locations of Region 8.



The UP of Michigan formed an organized Regional Trauma Network (RTN), as well as a Regional Trauma Advisory Committee (RTAC). The RTAC submitted the Region 8 trauma network application to the Michigan Department of Health & Human Services (MDHHS), including a regional trauma plan. In August of 2014, the MDHHS approved the application and plan, thereby recognizing the Region 8 trauma network.

DEVELOPING THE REGIONAL TRAUMA NETWORK

The overall goal of a trauma system is to reduce the incidence and severity of injury as well as to improve health outcomes for those who are injured. Injury causes loss of productive life, a spectrum of disabilities, and financial costs. Organized trauma care will result in improved outcomes for the injured patient.

In 2014 the 8 Michigan regional trauma networks were developed and approved by the MDHHS. A Regional Trauma Network (RTN) is an organized group of local Medical Control Authorities (MCAs). MCAs are hospitals that operate 24/7 per statute which integrate into existing preparedness regions. RTNs are responsible for appointing a Regional Trauma Advisory Council (RTAC), a Regional Professional Standards Review Organization (RPSRO), and creating a regional trauma plan. The RTAC is a committee established by the RTN and is comprised of MCA personnel, EMS personnel, life support agency representatives, healthcare facilities representatives, physicians, nurses, and consumers. The functions of the RTAC is to provide leadership and direction on matters related to trauma system development in the region, including, but not limited to, the review of trauma deaths and preventable complications.

OVERALL PROGRESS

The Region 8 work plan is comprised of objectives, goals, and timelines addressing regional trauma network development and was approved by MDHHS as part of the network application, in accordance to state requirements. Once the work plan was approved, the RTAC was able to move forward in developing subcommittees, and finalizing the RTN and RTAC membership, meeting schedules, and agendas. The Region 8 trauma network continues to mature, make progress in meeting the goals of the work plan, and carry out the objectives of the work plan. Objectives met in 2014 are as follows:

1. The RTAC ensured that 13 of 14 hospitals attended state data trauma registry (ImageTrend) training, with continual support for registry data entry users through the Data Management Subcommittee. Data collection from the registry did not occur in 2014 since all ImageTrend users in Region 8 were still learning the software. A data validation process has not yet been implemented but is in the planning stages
2. The RTAC formed six subcommittees; each subcommittee is driven by specific work plan objectives and timeline, focused on specific work plan components. A representative or facilitator of each subcommittee reports to the RTAC. The subcommittees are:
 - Medical Oversight
 - Bypass and Diversion
 - Education
 - Citizen Access and Communication
 - Injury Prevention
 - Data Management

2014 ACCOMPLISHMENTS

Under Michigan Administrative Rule 325.127, the Region 8 trauma plan addresses leadership; public information and injury prevention; human resources; communications; medical direction; triage; transport; trauma care facilities; inter-facility transfers; rehabilitation; and evaluation of patient care within the system. The trauma plan is written to address the resources and unique assets of the UP; immense rural geography, extensive travel distances between hospitals, and the fact that 64% of Region 8 hospitals are CAHs, the highest level of trauma care. There is also one Level II trauma center in the region. Each objective of the trauma plan is addressed along with goals and the progress in reaching these goals. The RTAC and RTN have been working in official capacity since April of 2014 and continue to mature and make progress in providing guidance and direction for the implementation of the regional trauma plan. The most noteworthy accomplishments of 2014 were:

- The formation of the RTN, RTAC
- ImageTrend (trauma data registry software) training
- Officers elected, bylaws reviewed and updated, meetings scheduled and agendas set
- Dedicated and engaged RTN/RTAC members, as evidenced by meeting minutes
- RTN and RTAC members evolving into stronger trauma leaders, as well as developing a global vision for trauma systems
- The formation of six subcommittees (see the “Regional Work Plan” section of this report for more detail)
- The participation of 12 out of 14 hospitals in the ImageTrend training, evidencing hospital commitment to implementing the state trauma system plan
- The partnership development of diverse agencies and work groups related to trauma systems. These agencies include: EMS air/ ground transport, hospitals administrators, medical directors, ED directors, trauma medical directors, MCA directors, Emergency Preparedness, Health Care Coalition (HCC), EMS and hospital educators, State of Michigan public safety, and hospital quality management
- The development of a solid network of passionate and committed stakeholders and participants

2015 MAJOR FOCUS

Major focuses for 2015 will be; the reevaluation of subcommittees, ensuring all Region 8 hospitals are entering and validating data, and the development of the Regional Professional Standards Review Organization (RPSRO).

Over the past year the subcommittees have worked independently to meet trauma plan objectives. The next phase will be for the subcommittees to work in conjunction to stay on track and meet the trauma plan objectives. Staying focused on the regional work plan, the subcommittees will evolve with new members, new workgroups, and new objectives that may overlap with other subcommittees.

The RTAC will develop a data entry validation process for hospitals to utilize in 2015. The data entered into the trauma registry will be what drives the RPSRO, RTAC, and subcommittees to form processes to address the performance improvement plan.

The final major focus for 2015 will be the formation of the RPSRO. The membership was identified in 2014, but the committee has not yet formally convened. The goal is for the first RPSRO meeting to convene in February of 2015. The RPSRO, following the Region 8 bylaws, will analyze and utilize validated trauma data to drive the Region 8 trauma system plan. It is important to regional trauma development that regional Michigan hospitals are verified and designated as trauma facilities. Possibly

six of the region's hospitals anticipate being prepared for a State of Michigan site review and verification by 2016. This preparation will require the RTAC and RTN support, guidance, and feedback throughout 2015.

EPIDEMIOLOGY

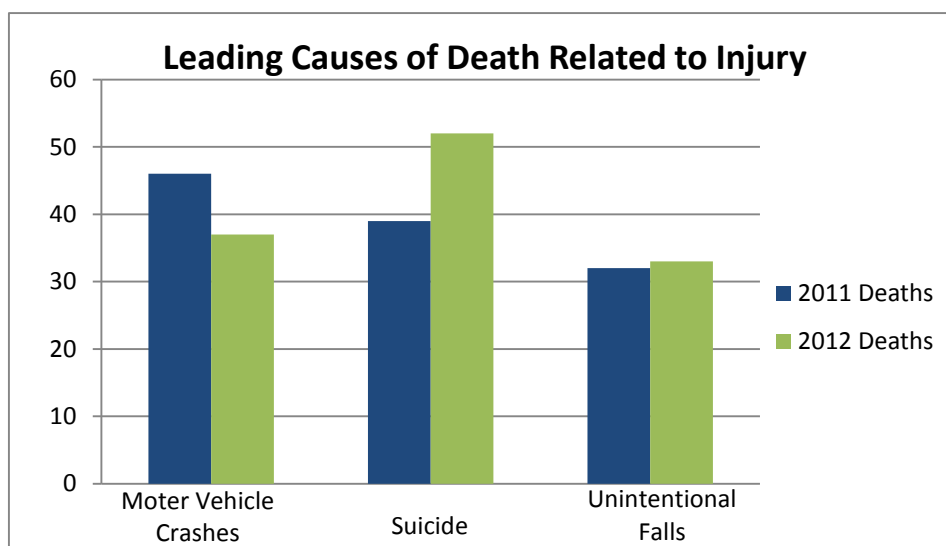
*Injury is a public health problem of enormous magnitude, whether measured by years of productive life lost, prolonged or permanent disability, or financial cost. Organized approaches within single facilities to care for victims of severe injury have repeatedly demonstrated improved outcomes, an observation that has led to the development of the trauma center verification process. In addition, regionalized trauma systems should have a process for triaging patients, ensuring that a patient gets to the level of trauma care that matches his or her injury severity and resulting in improved outcomes. **Moreover, using a rigorous disease management approach to injury across the entire spectrum, from prevention to rehabilitation, has shown improved outcomes.*** (Resources for Care of the Optimal Injured Patient 2014 (6th Edition) page 8)

As seen in the two graphs below, motor vehicle crashes are the leading mechanism of injury for deaths in Region 8 for the years 2011 and 2012. Unintentional falls are the leading mechanism of injury for hospitalizations for those years. In assessing the 2011 data on deaths caused by suicide, the death by suicide has risen over 10% from 2011 to 2012.

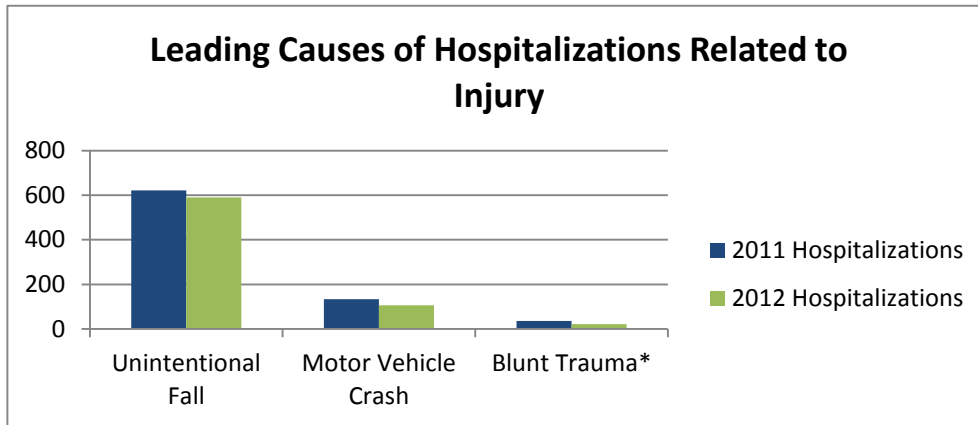
The RTAC will continue assessing the regional data as the region progresses forward and additional information is collected and available for analysis. This regional data, and registry data, including the Michigan trauma registry, will be used to enhance system performance and to drive change.

As previously stated, Region 8 geography plays a significant role in implementing the Region 8 trauma work plan. The region is a high tourist area in both summer and winter months. While “unintentional falls” are the leading mechanism of injury, “motor vehicle crashes” are also significant for this region. Current epidemiology data can be found in the “*Region 8 Resources Report*”.

www.michigan.gov/traumasystem.



Tom Largo, MPH, Division of Environmental Health
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Michigan Department of Health & Human Services 2011 and 2012 data



Tom

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Division of Environmental Health
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Michigan Department of Health & Human Services 2011 and 2012 data

As Region 8 advances in trauma data collection and utilizes a data validation tool, the RTAC, and RPSRO will analyze and use the data to determine priorities, and focus the trauma work plan and evaluation. As an inclusive trauma system plan, various agencies, such as EMS, nursing, medical direction, as well as all hospitals in Region 8, will be positively impacted by this data. Recommendations by the RTAC and RPSRO will impact the regional injury prevention program and education processes. At this point, current trauma registry data is not robust as the region has only begun learning the data entry process. Region data will be validated, and quarterly reports provided to the RTAC and RPSRO in 2015.

THE REGIONAL WORK PLAN

The RTAC developed a regional trauma system work plan, encompassing all of the state requirements outlined in the Region 8 regional trauma network application. The RTAC assessed each requirement to determine where Region 8 was in meeting this requirement, and then developed timelines for meeting the requirements. Six subcommittees were created, with members from the RTAC and throughout Region 8. The subcommittees worked on the plan objectives with the ultimate goal of measuring progress toward developing and operationalizing the components of a successful trauma system. The subcommittees are as follows:

1. Medical Oversight
2. Citizen Access and Communication
3. Education
4. Injury Prevention
5. Bypass and Diversion
6. Data Management

The RTAC has written specific SMART objectives (Specific, Measurable, Attainable, Relevant and Time-bound) to guide the subcommittees. The RTAC will reevaluate the Region 8 trauma work plan in 2017.

SYSTEM GOVERNANCE

Each region shall establish a regional trauma network. All MCAs within a region must participate in a regional network, and life support agencies shall be offered membership on the regional trauma advisory council. Regional trauma advisory committees shall maximize the inclusion of their constituents. The regional trauma network establishes a process to assess, develop, and evaluate the trauma system in cooperation with the regional stakeholders from trauma care.

ACHIEVEMENTS

The Region 8 stakeholders have been meeting informally about trauma issues and resources since 2004. In April of 2014, the regional trauma committee updated their bylaws, reorganized, and restructured their committee in order to form the RTAC and RTN. The RTAC became a multi-agency, multi-disciplinary body to provide content expertise to the RTN. An organizational chart was developed to demonstrate the pathway for communication and regional governance structure. Minimum representative on the RTAC consists of medical control agencies, life support agencies, hospitals, EMS physicians, trauma surgeons, trauma program managers, EMS personnel, nurses, and consumers. The RTAC and the RTN both have elected chairpersons and secretaries. Procedures and pathways have been implemented to ensure compliance for all recommendations, minutes, and action steps developed in subcommittees, and the RTAC minutes are disseminated ensuring that the Region 8 work plan will move forward. A forum to address issues that may need immediate attention has been developed.

2015 FOCUS

The RTAC and RTN will continue to meet as scheduled, evidenced by meeting minutes and agendas. The RPSRO will be formalized and hold regular meetings, as evidenced by meeting minutes and agendas. Focused subcommittees will work toward meeting objectives and timelines. Focused subcommittees will regularly report to the RTAC and will address all matters pertaining to trauma protocols and develop regional systems outlined by the state trauma plan.

INJURY PREVENTION

The RTN, in cooperation with other agencies and organizations, uses analytical tools to monitor the performance of population-based (regional) injury prevention programs.

ASSESSMENT:

The RTAC assessment showed that the RTN does not actively participate in the monitoring and evaluation of injury prevention activities and programs in the region. There is no written plan for coordinated injury prevention programs within the region.

ACHIEVEMENTS

The Injury Prevention Subcommittee was formed in July 2014. A regional survey was conducted to obtain information from community partners on what injury prevention is currently occurring: the type, audience, locations, and contact persons for the programs.

2015 FOCUS

THE RTAC will develop a new injury prevention survey to capture additional information needed to develop a regional needs-assessment. The Injury Prevention Subcommittee will then develop a regional injury prevention plan that includes correlating injury prevention programs with the leading causes of

injury in region 8. This plan will include identified presenters, audiences, delivery dates, locations, and an evaluation process.

CITIZEN ACCESS TO THE SYSTEM

The trauma system is supported by EMS medical oversight of dispatch procedures and coordinated response resources. The trauma system EMS medical directors are actively involved with the development, implementation, and ongoing evaluation of EMS system dispatch protocols to ensure they are congruent with the trauma system design. These protocols include, but are not limited to, which resources to dispatch Advanced Life Support (ALS) vs. Basic Life Support (BLS), air-ground coordination and early notification of the trauma facility, pre-arrival instructions, and other procedures necessary to ensure dispatched resources are consistent with the needs of injured patients. There are sufficient, well-coordinated air and ground ambulance resources to ensure that EMS providers arrive at the trauma scene to promptly and expeditiously transport the patient to the correct hospital by the correct transportation mode.

The RTAC evaluation indicated there are no specific regional EMS dispatch protocols and no regional coordination of transportation resources. Air or ground ambulances from multiple jurisdictions can all arrive on the trauma scene unannounced.

ACHIEVEMENTS

The RTAC established a Citizen Access and Communication Subcommittee in July 2014, which included regional dispatch representation. The regional trauma coordinator met with Public Safety Answering Points (PSAPs) located throughout the region, collecting information on how dispatch centers currently communicate with one another before, during and after incidents. The regional trauma coordinator also met with MCA directors and 911 authority gathering data as well. A regional committee was formed addressing citizen access, and” interagency operations and communications”. The regional trauma coordinator sits on this committee as an active member.

2015 FOCUS

The Citizen Access and Communication Subcommittee will create regional, minimal standard pre-arrival instructions protocols for pre-hospital emergency medical trauma dispatch that will be approved by all MCAs and medical directors. Since the PSAPs currently use disparate software and programs, the goal is to create minimum, standard requirements for all PSAPs.

TRAUMA SYSTEM COMMUNICATIONS

The regional trauma system is supported by a coordinated communication system linking and integrating hospitals, life support agencies, the EMS system, and the RTN. There are established procedures for EMS and trauma system communication for major EMS events and multiple jurisdiction incidents-that are effectively coordinated with the overall regional response plans. There is a procedure for communication among medical facilities when arranging for inter-facility transfers including contingencies for radio or telephone system failure.

An evaluation of this requirement by RTAC identified the region had no written procedures for regional EMS and trauma systems communications for major EMS events or multiple jurisdiction incidents. Inter-facility communication procedures are generally included in patient transfer protocols for each medical facility but there is no regional procedure.

ACHIEVEMENTS

The Citizen Access and Communication Subcommittee was formed in July of 2014. The regional trauma coordinator met with the PSAPs, MCA directors, and 911 authorities to identify communication gaps, existing equipment (landline, satellite phones, cellular phones, VHF and 800 MHz radios), geographic coverage areas, VHF templates, 800 MHz templates, medcom plans, and existing interoperability plans. The regional trauma coordinator is an active member of the interagency operations and communication committee to facilitate the gathering of this information, and to work in conjunction with regional stakeholders.

2015 FOCUS

After completion of data gathering, the regional trauma coordinator, and the Citizen Access and Communication Subcommittee developed a common procedure/plan for EMS and trauma system communications for major ems events and multiple jurisdiction incidents that are coordinated with the regional disaster response plans. This procedure will be taken to the RTN for approval. The Citizen Access and Communication Subcommittee will develop and submit a plan to the RTAC for the continuation of inter-facility communication in the event of the failure of traditional means of communication.

MEDICAL OVERSIGHT

The regional trauma system is supported by active EMS medical oversight of trauma communications, pre-hospital triage, treatment, and transport protocols. There is well defined regional trauma system medical oversight integrating the specialty needs of the trauma system, and the medical oversight of the overall EMS system. There is a clearly defined, cooperative, and ongoing relationship between regional trauma physician leaders and the EMS system medical directors in the region.

Evaluation by the RTAC showed no formally established ongoing relationships exist between the individual trauma medical directors and the EMS system medical directors. However, the trauma medical directors and EMS medical directors informally communicate to resolve problems and coordinate efforts.

ACHIEVEMENTS

The Medical Oversight Subcommittee was established September of 2014. This subcommittee includes medical control directors and trauma medical directors. The Medical Oversight Subcommittee has discussed: current ems protocols, procedures relative to communication, pre-hospital triage, treatments, and transport protocol, and agreement to follow the Centers for Disease Control (CDC) field triage guidelines. Consensus was reached on the recommendation to fold CDC field triage guidelines into triage and transport protocols.

2015 FOCUS

The Medical Oversight Subcommittee will meet regularly and begin collaborating in the oversight of pre-hospital providers providing care to trauma patients, as evidenced by the subcommittee meeting minutes. The Medical Oversight Subcommittee will also meet annually; beginning in 2015, to review and adopt state approved regional trauma protocols.

PRE-HOSPITAL TRIAGE CRITERIA

The regional trauma system is supported by system-wide pre-hospital triage criteria. The region has adopted mandatory regional pre-hospital triage protocols to ensure that trauma patients are transported to an appropriate trauma center based on their injuries. The triage protocols are regularly evaluated and updated to ensure acceptable and region-defined rates of sensitivity and specificity for appropriate identification of a major trauma patient.

Evaluation by the RTAC revealed that region 8 has no regional triage criteria to ensure trauma patients are transported to the most appropriate trauma facility.

ACHIEVEMENTS

The Medical Oversight Subcommittee was established by September 2014. The subcommittee discussed pre-hospital triage protocols and approved the CDC guidelines for the field triage of injured patients.

2015 FOCUS

The Medical Oversight Subcommittee will validate that all MCAs in region 8 have adopted and are implementing the approved regional pre-hospital triage protocol; ensuring injured patients are being transported to an appropriate trauma center based on their injuries.

TRAUMA DIVERSION POLICIES

Diversion policies ensure that acute care facilities are integrated into an efficient system to provide optimal care for all injured patients. The regional trauma network plan should ensure that the number, levels, and distribution of trauma facilities are communicated to all partners and stakeholders. The RTN should develop procedures to insure trauma patients are transported to an appropriate facility that is prepared to provide care. The state trauma registry is used to identify and evaluate regional trauma care and improve the allocation of resources.

Evaluation by the RTAC revealed that region 8 has no regional plan to identify the number, levels, and distribution of trauma facilities. There is no regional diversion protocol. All trauma facilities in the region are not entering data into state registry, and existing regional data from state trauma registry is limited.

ACHIEVEMENTS

The RTAC developed a Bypass and Diversion Subcommittee. This subcommittee has developed a tool/guide for EMS and emergency departments. The tool is a map and guide that indicates receiving facilities and the air and ground transportation time distances. Twelve of the 14 regional hospitals attended ImageTrend (state registry), and regional hospitals have begun entering trauma data into ImageTrend.

2015 FOCUS

The Bypass and Diversion Subcommittee will develop a regional trauma diversion policy that is updated annually, and validates all regional hospitals are entering required data.

TRAUMA BYPASS PROTOCOLS

The roles, resources, and responsibilities of trauma care facilities are integrated into a resource efficient, inclusive network that meets standards and provides optimal care for injured patients. The regional trauma plan has clearly defined the roles, resources, and responsibilities of all acute care facilities treating trauma, and of facilities that provide care to specialty populations (spinal cord injury, burns, pediatrics, other). There is a regional trauma bypass protocol that provides EMS guidance for bypassing a trauma care facility for another more appropriate trauma care facility.

Evaluation by the RTAC revealed no regional plan outlining roles, resources, and responsibilities of all acute care facilities treating trauma and/or facilities providing care to specialty populations. There is no regional trauma bypass protocol to guide when to bypass an acute care facility for a more appropriate facility.

ACHIEVEMENTS

The Bypass and Diversion Subcommittee was formed in July of 2014. This subcommittee developed a tool/guide for EMS and emergency departments. The tool is a map and guide that indicates receiving facilities and the air/ground transportation time distances. Twelve of the 14 regional hospitals attended ImageTrend training (state registry software).

2015 FOCUS

The Bypass and Diversion Subcommittee will develop a trauma facility bypass plan to be updated annually.

REGIONAL TRAUMA TREATMENT GUIDELINES

The regional trauma network ensures optimal patient care through the development of regional trauma treatment guidelines. When injured patients arrive at a medical facility that cannot provide the appropriate level of definitive care, there is an organized and regularly monitored system to ensure that the patients are *expeditiously transferred* to the appropriate, system-defined trauma facility. Collected data from a variety of sources are used to review the appropriateness of all-inclusive regional trauma performance standards, from injury prevention through rehabilitation.

Evaluation by RTAC revealed no existing processes in the region for collecting data, or for regularly reviewing the conformity of inter-facility transfers within the trauma systems according to pre-established procedures. There are no written, quantifiable regional system performance standards or performance improvement processes.

ACHIEVEMENTS

The RTAC has established a RPSRO with a formal roster/membership with bylaws.

2015 FOCUS

The RPSRO will hold its first meeting in February 2015 to review bylaws, elect a chairperson(s), and develop a regional RPSRO plan. Once the region has 6 months of validated trauma data entered into ImageTrend, the RPSRO will develop regional quality goals and review systems to provide recommendations to the RTAC and RTN.

REGIONAL QUALITY IMPROVEMENT PLANS

The RTN/RTAC uses system data to evaluate system performance and regularly reviews system performance reports to develop regional policy. No less than once per year, the RTN generates data reports that are disseminated to all trauma system stakeholders to evaluate and improve system performance.

Evaluation by the RTAC revealed the region does not generate trauma data reports for evaluation and improvement of system performance.

ACHIEVEMENTS

The RTAC established a RPSRO for Region 8. This RPSRO has a formal roster of members, and bylaws.

2015 FOCUS

The RPSRO will hold its first meeting in February of 2015 to review bylaws, elect a chairperson(s), and develop a regional RPSRO plan. Once the region has 6 months of validated trauma data entered into ImageTrend, the RPSRO will develop regional quality goals. The RPSRO will also review systems and data as indicated to provide recommendations to the RTAC and RTN.

TRAUMA EDUCATION

The regional trauma network ensures a competent workforce through trauma education standards. The regional trauma network establishes and ensures that appropriate levels of EMS, nursing, and physician trauma training courses are provided on a regular basis.

Evaluation by the RTAC revealed that the region has no regional trauma training guidelines for EMS personnel, nurses, or physicians who routinely care for trauma patients. The region has no process in place to inform or educate personnel on new protocols or treatment approaches.

ACHIEVEMENTS

The RTAC established an Education Subcommittee in July of 2014. This subcommittee conducted a regional survey of available trauma education programs: International Trauma Life Support (ITLS), Advanced Trauma Life Support (ATLS), Trauma Nursing Core Courses (TNCC), and Emergency Nursing Pediatric Courses (ENPC). The facilitator of the Education Subcommittee attended meetings with the facilitators of education committees in each region. The goal was to develop a state guideline or recommendations for trauma education. The state recommendations will be used to develop regional educational guidelines.

2015 FOCUS

Region 8 will assist in developing recommended education guidelines for healthcare personnel that care for injured patients to be shared with all regional stakeholders. The Education Subcommittee will have an approved process to inform and educate Region 8 personnel and stakeholders on new protocols or treatment modalities. The Education Subcommittee will begin using data-driven performance metrics to recommend regional training initiatives for EMS personnel, nurses, and physicians who routinely care for injured patients.

BEST PRACTICES / SUCCESSES

The RTN has made great strides in the further development and coordination of Region 8 trauma care. Undoubtedly, the region will continue to progress and implement a stronger regional system of trauma care. The dedication and collaboration of hospitals, staff, agencies, and all stakeholders will result in improved patient outcomes.

The most important achievement in 2014 has been the unity and teamwork displayed by the RTN and RTAC. This diverse group of committee members initiated the beginnings of a regionalized, coordinated, and accountable trauma system. The RTN and RTAC members are passionate and committed to quality trauma care for the Region 8 community. This strong foundation of people has exhibited a professional commitment to regionalizing trauma care. Under the guidance and direction of the RTN and RTAC, Region 8 will continue to progress in implementing the regional trauma plan.

The second most important achievement in 2014 has been the participation of outside agencies in the Region 8 Trauma Plan. It is becoming commonplace for agencies to include representatives from the RTN and RTAC in discussions that may include a trauma component. An example is the formation of the Interagency Operations and Communication Committee. This committee was established and immediately recognized the need for a trauma system representative and contacted the regional trauma coordinator. Committees and agencies outside of the trauma systems are recognizing the existence of the RTN and RTAC and are now including trauma representation in work groups, committees, and meetings. This creates an inclusive and cohesive community in matters pertaining to trauma.

SUMMARY

During 2014, the Region 8 trauma network steadily grew and began to develop the Region 8 trauma system, through the development of subcommittees and work groups. The regional trauma network laid the groundwork and will continue to build on that foundation in 2015. Despite unique and challenging geographic elements, the RTN and RTAC members showed determination in developing regional systems according to the state trauma system plan. The members of the Region 8 trauma network are committed to improving patient outcomes by developing the regional trauma systems, as evidenced by the Region 8 RTAC mission statement:

“As a community of dedicated professionals it is our mission to collaboratively provide comprehensive, multidisciplinary trauma care. Our goal is to improve the functionality of all patient care provided from onset of injury through the rehabilitation process. The regional trauma system will collect and submit data to our state trauma data bank; allowing for the tracking of pre-hospital and hospital data, assisting in performance improvement, education and prevention.”